

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised) : REVISION 2			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER: THE BEECHWOOD ORGANIZATION			
Address: 500 NORTH BROADWAY			
City: JERICO	State: NY	ZIP: 11753	
Contact: ED KACZMARCZYK			Tel: 516-369-2200
REMOVAL CONTRACTOR: FIBER CONTROL INC. NYS DOL LICENSE NO. 28610			
Address: 3010 BURNS AVENUE			
City: WANTAGH	State: NY	ZIP: 11793	
Contact: PETER GRANDE			Tel: (516)781-3000
OTHER OPERATOR:			
Address:			
City:	State:	ZIP:	
Contact:	Tel:		
III. TYPE OF OPERATION (D = Demolition / R = Renovation) : RENOVATION			
IV. IS ASBESTOS PRESENT? (Yes/No): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Building Name: BUILDING F			
Address: 1537 OLD COUNTRY ROAD			
Address:			
City PLAINVIEW	State: NY	County: NASSAU	
Site Location: INTERIOR			
Building Size:	SqMeter:	SqFt: 15,000	# of Floors: 2
Age in Years: 55			
Present Use: RESIDENTIAL		Prior Use: VACANT	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Non-friable Asbestos Material not to be removed Category I	Category II
Pipes - Linear Feet			
Pipes - Linear Meters			
Surface Area - Square Feet	PLASTER WALL/CEILING	100	
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY)		Start: 3/16/2016	Completion: 3/13/2017
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY)		Start:	Completion:

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
Full containment, negative air filtration, wet removal, wet cleaning, HEPA vacuum cleanup		
XII. WASTE TRANSPORTER #1		
Name: TRI-STATE TRANSFER ASSOC., INC.		
Address: 1199 RANDALL AVENUE		
City: BRONX	State: NY	ZIP: 10474
Contact Person: DANNY	Telephone: (718)617-0771	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	ZIP:
Contact Person:	Telephone:	
XIII. WASTE DISPOSAL SITE		
Name: MINERVA ENTERPRISES, INC.		
Address: 9000 MINERVA ROAD		
City: WAYNESBURG	State: OH	ZIP: 44688
Telephone: (330)866-3435		
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW		
Name:	Title:	
Authority:		
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY) :	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:		
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:		
ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .		
PETER GRANDE		3/2/2016
Signature of Owner/Operator		Date
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
PETER GRANDE		3/2/2016
Signature of Owner/Operator		Date